



State of Washington
Department of Ecology
**Application for Permit to Use
Artificially Stored Ground Water**

(Gray boxes for Ecology use only)

Application No. OB-1620	WRIA 41	County Grant	Priority Date 6-20-2011	Accepted K. Ryf
Applicant's Name Pelican Point Water Company			Telephone Number 509-765-3608	
Address (Street) (Zip Code) P.O. Box 458		(City) Moses Lake, WA	(State) 98837	
Date and Place of incorporation (if applicant is a corporation) 04-04-2007				
Point of Withdrawal				
Source (Well, tunnel, infiltration trench, etc.) Ground Water Wells S02 and S03				
Times during year water will be required Continuous		Maximum gallons per minute 400		Maximum acre-feet per year 100
Approximate location of withdrawal S02 - 47°5'04"N; 119°17'35.5"W				
S03- 47°4'48"N; 119°17'25"W				
Located within (smallest legal subdivision) NE1/4 AND SE1/4 OF NW 1/4		Section 03	Township N. 18	Range (E. or W.) w.m. 28
County GRANT				
Do you own the land on which this source is located? If not, insert name and address of owner. No				
Place of Use Recorded Platted Property				
Lot N/A	Block N/A		Of (Give name of plat or addition) Pelican Point Water Company Service Area	
If irrigation, number of acres		If domestic, number of homes or units and type (residential, recreation, etc.) Domestic use for up to 350 residences		
Legal Description of Property (on which water is to be used)				
Copy legal description from deed or attach copy of deed. Tax statement descriptions are not acceptable. Also outline this property on the maps or plats submitted with this application.				
See attached Pelican Point Water Service area map and description of service area.				

(Continue on Reverse Side)

Are there any existing water rights appurtenant to the land on which the water is to be used?	Yes	No
If yes, from what source and under what authority?		
Type of System Proposed		
State Department of health approved water system. Including installed pumps, distribution mains, and storage reservoirs to serve approved lots.		
Remarks		

Signatures

Gill B. Goodrich
Applicant's Signature
Gill B. Goodrich
Legal Landowner's Signature
9592 Baseline .5 SE
Legal Landowner's Address

For Ecology Use Only

State of Washington }
Department of Ecology } SS.

This is to certify that I have examined the foregoing application together with the accompanying maps and data, and return the same for correction or completion as follows:.....
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In order to retain its priority, this application must be returned to the Department of Ecology with corrections, on or before.....,20.....
Witness my hand this.....day of20.....

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Department of Ecology